



## Supplemental Application Data Sheet

### Application Information

Application number:: 10/815,340  
Filing Date:: 03/30/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??:  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: MUCOSAL CYTOTOXIC T LYMPHOCYTE  
RESPONSES  
Attorney Docket Number:: 015280-368230US368240US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 17  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jay  
Middle Name:: A.  
Family Name:: Berzofsky  
Name Suffix::  
City of Residence:: Bethesda  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 5908 Bradley Blvd.  
City of Mailing Address:: Bethesda  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20814-1107

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Russian Federation  
Status:: Full Capacity  
Given Name:: Igor  
Middle Name:: M.  
Family Name:: Belyakov  
Name Suffix::  
City of Residence:: Gaithersburg  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 10230 Wild Apple Cir.  
City of Mailing Address:: Gaithersburg  
State or Province of mailing address:: MD

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20879

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: A.  
Family Name:: Derby  
Name Suffix::  
City of Residence:: Germantown  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 11413 Herefordshire Way  
City of Mailing Address:: Germantown  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20876

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Brian  
Middle Name:: L.  
Family Name:: Kelsall  
Name Suffix::  
City of Residence:: Washington  
State or Province of Residence:: DC  
Country of Residence:: US  
Street of Mailing Address:: 5030 Eskridge Terrace NW  
City of Mailing Address:: Washington

State or Province of mailing address:: DC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20016

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Warren  
Middle Name::  
Family Name:: Strober  
Name Suffix::  
City of Residence:: Bethesda  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 8301 Whittier Blvd.  
City of Mailing Address:: Bethesda  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20817

### **Correspondence Information**

Correspondence Customer Number:: 20350 45115

### **Representative Information**

Representative Customer Number:: 20350 45115

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/508,552	06/12/00
09/508,552	National Stage of	PCT/US98/19028	09/11/98
PCT/US98/19028	Application claiming	60/058,523	09/11/97

PCT/US98/19028 benefit under 35 U.S.C.  
119(e)(1) of  
Application claiming 60/074,894 02/17/98  
benefit under 35 U.S.C.  
119(e)(1) of

### Foreign Priority Information

Country:: Application number:: Filing Date::

### Assignee Information

Assignee Name:: ~~Health and Human Services~~, The Government of  
the United States of America, as Represented by  
the Secretary of the Department of Health and  
Human Services

Street of mailing address:: 6011 Executive Blvd., Suite 325

City of mailing address:: Rockville

State or Province of mailing address:: MD

Country of mailing address:: US

Postal or Zip Code of mailing address:: 20852